

10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS

FILED

JUN

MAR 17 2008

MAR 17 2008
MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITLawson Alvin Rose
Plaintiff

v.

United States Postal Service Et. al
Defendant(s)

CASE NUMBER

08C 0882

JUDGE

Der-Yeghiayan

Judge Cole

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Lawson Alvin Rose, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)
I.D. # _____ Name of prison or jail: _____
Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: _____
2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: _____
Name and address of employer: _____
- a. If the answer is "No":
Date of last employment: October 2007
Monthly salary or wages: 9.00 per hour
Name and address of last employer: Retail Grocery Inventory Service (RGIS)
1227 W Lakeview Ct. Romeoville, IL 60446
- b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: _____
Name and address of employer: _____

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages ☒ Yes ☐ No
Amount \$1044.00 + 1008.00 Received by Lawson Alvin Rose
\$2052.00

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☒ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☒ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support
Amount 117.00 per month = 9975.00 Received by myself / Some one Credit Union ☒ Yes ☐ No *See Note #1*
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: See note #3
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No *see note #2*
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: March 17, 2008

Lawson Alvin Rose

Signature of Applicant

Lawson Alvin Rose

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

Notes

1. I received Seven months of my \$117⁰⁰ per month VA Disability compensation check up until October 1, 2007. On November 1 2007 the check goes to the Source One Federal Credit Union, and \$100⁰⁰ of this is applied to my outstanding VISA account.

I also received \$9975⁰⁰ worth of unemployment from February 26, 2007 until September 8, 2007. After this I was unable to pay my rent and lost my apartment and basically became homeless.

2. I have a 2003 Honda Civic, but the title is held by the elderly couple in whose attic I reside. I still owe them for it. (Contd next page)

3. As stated in Prior correspondence, I have discovered "after" I filed for In Forma Pauperis that I had money in
Lawson Alvin Rose

#2 continued.

Since I have been living in my "neighbors" attic, I have been somewhat "detached" mentally. I am used to having only a few pair of shoes, clothing, two bibles, and my cellular phone, so I honestly forgot that I do have some twenty plus year old stereo equipment in storage, along with a 21 year old Television. What the actual value is I have no idea, but I will hazard a guess at approximately \$2500⁰⁰.

I also ask the indulgence of the Court for this oversight.

Lawson Alvin Rose

is continued
the Thrift Savings Plan from the
US Postal Service. I have filed
for it since then but my application
was rejected for some reason, so I
filed again. Attached is a copy
of the verified FAX sent to the
TSP administration center. I
should receive it between 10-15
working days.

When I do receive it, at the
very least I will be able to pay
the Filing fee, but I still have to
receive it. I ask the indulgence
of the Court in this matter.

Lawson Alvin Rose

TRANSMISSION VERIFICATION REPORT

TIME : 03/12/2008 02:52
NAME :
FAX :
TEL :
SER. # : BROF1J447280

DATE, TIME	03/12 02:49
FAX NO./NAME	918666175023
DURATION	00:02:53
PAGE(S)	07
RESULT	OK
MODE	STANDARD ECM

Note: the other ~~four~~ missing
pages are instructions:

TSP-70

Name:

Lawson Alvin Rose

TSP Account Number:

96059 0867 311 Page 2

**V.
INFORMATION
FOR YOUR
TRANSFER**Must match
Section I

To transfer all or a portion of your withdrawal directly to your traditional IRA, eligible employer plan, or Roth IRA, complete this section. Then take or send this page to your IRA or plan. Your financial institution or plan administrator must complete Section VI. You must submit the completed package in order for it to be processed.

26. Name _____
Last First Middle

27. Social Security No. _____ - _____ - _____ 28. (_____) _____ - _____
Daytime Phone (Area Code and Number)

29. Address _____
Street address or box number

30. City _____ 31. _____ 32. _____
State/Country Zip Code

**VI.
INFORMATION
FROM THE IRA
OR ELIGIBLE
EMPLOYER
PLAN**To be completed
by financial
institution/plan
administrator

Complete this section and return this form to the participant identified in Section V. The financial institution or plan administrator must ensure that the account described here is a "traditional IRA," "eligible employer plan," or "Roth IRA" as defined by the Internal Revenue Service.

Do not submit transfer forms of financial institutions or plans.

33. Type of Account ☐ Traditional IRA ☐ Eligible Employer Plan ☐ Roth IRA 34. _____
IRA or Plan Account Number

35. Plan Name _____
Only if eligible employer plan

36. Make check payable to _____
IRA Trustee or Plan Administrator (Limit response to 30 characters.)

37. Mail to _____
Name of institution or person, if different from item 36

38. _____
Address City State Zip Code

I confirm the accuracy of the information in this section and the identity of the individual named in Section V. As a representative of the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees to accept the funds directly from the Thrift Savings Plan and deposit them in the traditional IRA, eligible employer plan, or Roth IRA identified above.

39. _____ 40. (_____) _____
Typed or printed name of Certifying Representative Phone (Area Code and Number)

41. _____ 42. _____
Signature of Certifying Representative Date Signed

**VII.
REQUEST
FOR DIRECT
DEPOSIT**

Single or monthly payments **not being transferred** can be paid by direct deposit to a checking or savings account at a financial institution.

43. Pay my ☒ single payment ☐ monthly payments or ☐ both types of payments by direct deposit.

44. SourceOne Credit Union 45. 271078162
Name of Financial Institution Routing Number (Must be 9 digits)

46. Type of Account ☐ Checking ☒ Savings 47. 9959
Checking or Savings Account Number

**VIII.
CERTIFICATION**

I certify that the information I have provided in Sections I-VII is true and complete to the best of my knowledge. I certify that I am separated from Federal service and I do not expect to be rehired by the Federal Government within 31 days after my separation. Also, if I chose to transfer my withdrawal to a Roth IRA, I certify that I am eligible to make this transfer and I understand that I must pay taxes on the transferred amount for the year in which it is transferred. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. § 1001).

48. Lawson Alvin Rose 49. March 12, 2008
Participant's Signature Date Signed



THRIFT SAVINGS PLAN REQUEST FOR FULL WITHDRAWAL

TSP-70

I. INFORMATION ABOUT YOU

1. Name ROSE LAWSON ALVIN
Last First Middle
 2. 9605908673911 3. 09 23 1951 4. (630) 532-8514
TSP Account Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)
 5. Address 16 W 484 Central Avenue
Street address or box number
 6. City Willowbrook 7. IL 8. 60527
State/Country Zip Code
 9. Are you married, even if separated from your spouse?
☐ Yes (Go to Item 10.) ☒ No (Skip to Section IV.)
 10. Spouse's Social Security Number (Required only if Item 17 or 22 is checked)

11. Spouse's Name _____
Last First Middle

II. FOR MARRIED CSRS PARTICIPANTS ONLY

12. Is your spouse's address the same as above? ☐ Yes (Skip to Section IV.) ☐ No (Complete Items 13-17.)
 13. Spouse's Address _____
Street address or box number
 14. City _____ 15. _____ 16. _____
State/Country Zip Code
 17. ☐ Check here if you do not know your spouse's address.

III. FOR MARRIED FERS PARTICIPANTS ONLY

Your spouse's
signature must
be notarized.

If your account balance is more than \$3,500, your spouse is entitled to a survivor annuity with a 50% survivor benefit, level payments, and no cash refund. Check Item 18 to use your **entire** account balance to purchase that annuity. If your spouse waives his or her right to that annuity (Items 19, 20, and 21), proceed to Section IV.

18. Participant: ☐ Use my entire account to purchase the prescribed joint life annuity with 50% survivor benefit, level payments, and no cash refund (Option 3b in Section IX). (Skip to Section VIII and complete Page 3.)
 OR 19. Spouse: I give up my right to the prescribed joint life annuity (Annuity Option 3b) by signing below.

Spouse's Signature _____ 20. _____
Date Signed

21. Notary: On this _____ day of _____, the person who signed Item 19, who is known to or was identified by me, personally appeared and acknowledged to me that he or she signed this form. In witness thereof, I have signed below on this date.

[seal]

My commission expires: _____
 Notary Public's Signature _____

Jurisdiction _____

22. Participant: ☐ Check here if you cannot obtain your spouse's signature. (See back of form)

IV. WITHDRAWAL ELECTION

Choose one or more methods. Indicate percentages in whole numbers. If choosing monthly payments, include the dollar amount of each payment or choose to have the TSP compute your payments based on your life expectancy.

23. a. Life Annuity _____% (Must equal \$3,500 or more. Also complete Page 3.)
 b. Single Payment 100.0%
 c. Monthly Payments _____% → \$ _____ per month OR ☐ Compute my payments
 TOTAL 100.0%

Transfer Option—If you want to transfer all or any portion of your single or monthly payments (for a dollar amount that results in payments expected to be completed in less than 120 months) to a traditional IRA, eligible employer plan, or Roth IRA (see back for rules and restrictions), complete Items 24 and/or 25 and Section V.

24. Transfer _____% of my **single payment** (Item 23b) to a traditional IRA, eligible employer plan, or Roth IRA.

25. Transfer _____% of each of my **monthly payments** (Item 23c) to a traditional IRA, eligible employer plan, or Roth IRA. (Note: You cannot transfer payments expected to last 120 months or more or those that are computed based on life expectancy.)

March 10, 2008

To: The Honorable Samuel Der-Yeghiayan
219 South Dearborn Street
Chicago, Illinois 60604

From: Lawson Alvin Rose, plaintiff, 08 c 0882,
Lawson Alvin Rose vs. U. S. Postal Service, et al

General Delivery/Westmont P.O.
Westmont, Illinois 60559

Subject: Reconsideration of request for appointment of
Counsel for aforementioned case.

The statement by His Honor that the
aforementioned case does not appear to be overly
complicated is on the surface acceptable, but in
reality, it is not correct.

This case has many problems and pitfalls for even
the most experienced barrister. For example, I debated
whether or not to add the United States District and
Court of Appeals to this lawsuit because there are at
least four different judges (three of them on the Court
of Appeals) that must be examined under oath; at the
very least under deposition. I have no idea whether or
not I can add the very courts which I will be using for
this case as one of the defendants.

Certain elements of this case have already been
all the way to the United States Supreme Court, but
because of Equitable Estoppel, I am entitled to raise
these issues again. I am not even close to being

competent at litigation, but I can read and comprehend the English language well to understand what ' Equitable Estoppel ' states. i.e. the bar of the statute of limitations can be avoided if the defendant takes active measures to stop the plaintiff from suing in time. In this particular case, the active measures taken by the defendant to stop me from suing in time were not only repeated as fact by the defendant and their attorney, but were also used by the last judge in his awarding of Summary Judgment during the last time I was in court. (97 c 8681). Furthermore, these active measures were totally ignored by the three judges on the United States Court of Appeals in their decision, who also ignored other facts in evidence.

These same active measures were also cited by the EEO Appeals processing center in Carol Stream, Illinois as well as the Equal Employment Opportunity Commission in Washington DC., as a reason for not allowing my appeal.

These ' active measures ' consist of the alteration of my original complaint by the United States Postal Service's EEO office and the dismissal of said altered complaint fraudulently. I would advise the Court that everything I have just stated is not fiction, mere hypothesis, or supposition...this is documented fact by preponderance of evidence.

It is also a documented fact that Pro Se litigants in this particular federal judicial system do not win cases no matter what the evidence proves. Initially, I did not believe this, but this is precisely what happened to me the last time I was in court. All of the evidence was in my favor, but I still lost the case. The judge's reasons for

awarding Summary Judgment were all fraudulent, and this also is fully documented. It has been intimated to me that I will get no respect because I have no legal degree, and that the sitting judges really do not care to have any pro se litigants whatsoever practicing before them. Whether this is true, I do not know, but the main reason I requested an attorney is because of what happened to me the last time I was in Court .i.e. The judge allowed the assistant United States Attorney to get away with not obeying the rules of Discovery while compelling me to obey these same rules. When I brought this to his attention, he simply ignored anything I stated and refused to reply. Even when I requested evidence and the presiding judge was compelled to agree with me, the assistant United States Attorney handling my case never did give me any evidence which I requested. And I mean this was not anything minor that they were allowed to get away with, this was all major.

Again I reiterate, everything I state is fully documented.

This is the main reason that I requested an attorney, not because I am not competent to litigate this case, but because without an attorney, I will never receive a fair trial.

It is for these reasons that I am requesting that you reconsider your decision to deny me an attorney, and at the very least, appoint me a legal advisor. Because I have litigated a case before in this particular court, I am fully aware of the problems of obtaining legal

representation. No one and I mean no one will even accept this case because personally I believe they do not believe that it is worth their time. The least expensive attorney I could find the last time wanted me to borrow \$2500.00 to pay the retainer. And he was the least expensive, as the next cheapest wanted \$5000.00. One attorney told me that the courts just are not paying any settlements at all no matter what kind of case is presented. This is not fair, but as stated earlier, it has already happened to me before.

This time it is slightly different. Because the last judge assigned to my case refused to be totally honest and impartial, and of course I lost the last case, the Postal Service has once again suspended and terminated me. They are obviously emboldened by this type of behavior.

But again, I can prove my innocence by the testimony of the postal service's witnesses that actually accused me of these false charges. However, again the judge at the Merit Systems Protection Board has been partial to the government. Up to this point, no one has looked critically at the evidence.

But seeing as how I have been off since January 31, 2007, I am really in dire straits. It has been stated to me that " the man who represents himself has a fool as an attorney ". If this is true, it is not my fault,.... I am being forced to be a fool.

As far as the in forma pauperis, I apologize for the ambiguity in the application. To start with, at the present time I am homeless, but so far I have been able to sleep in two of my church member's attic. However,

I do not believe that I will be there much longer; what this means is that I will be soon living out of my automobile. So I can not use any of my benefactor's financial information as it is none of my business.

I have a ten percent disability rating of \$117.00 which I have sent to my credit union and they apply \$100.00 of it to my credit card account each month. They are located at 55 West Van Buren Street on the fifth floor.

I also apologize for the slip of the pen as far as stating that I did not receive more than \$200.00 from any source during the last twelve months. I was employed by the town of Westmont Illinois from May 15, 2007 until June 1, 2007 as a census taker. From this I received approximately \$1100.00 in wages.

I also was employed by RGIS (Retail Grocery Inventory Service) from August 2, 2007 until October 3, 2007 as an inventory auditor specialist. However this was a part time job, and sometimes I did not work for weeks at a time during this period. At the time I left the company I had not worked in almost a full month. My salary was \$9.00 per hour, but I only earned approximately \$1000.00 the entire two months I was employed there. Therefore, I could not state how much I earned per month because I was on such an irregular schedule of work.

The main way that I am surviving now is through the charity of some of my friends, and this is very irregular charity. The only regular charity which I receive is from a pastor I know in Atlanta who sends me the money each month to pay for my storage unit.

However this may all be moot as since I filed to proceed in forma pauperis, I found out that I had some money in the thrift savings plan from the postal service. I applied to have it sent to my credit union account, but I do not have the slightest idea when I will receive it. But it should be very soon. However I should still file for in forma pauperis until then.

Lawson Alvin Rose, plaintiff,
08 c 0882 Rose v USPS et al.